| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K0000 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 06/22/11<br><br>Facility Number: 000240<br>Provider Number: 155349<br>AIM Number: 100274960<br><br>Surveyor: Amy Kelley, Life Safety Code Specialist<br><br>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of the three story building and the main entrance/dining room was surveyed with Chapter 19 Existing Health Care Occupancies. | K0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| | The nursing home is a fully sprinklered three story building with a basement of Type II (222) construction, the main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 168 and had a census of 151 at the time of this survey.<br><br>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/29/11.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |

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| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| K0044 SS=E | Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5<br>Based on observation and interview, the facility failed to ensure 2 of 3 fire door sets at the apartment corridor entrance were arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice could affect any residents in the first and third floor lounges.<br><br>Findings include:<br><br>Based on observation with the Director of Maintenance on 06/22/11 at 12:39 p.m., the first floor fire door set leading into the apartment corridor did not latch | K0044 | These door catch mechanisms will be repaired and added to our inspection log sheets to ensure that these doors continue to operate correctly. | 07/15/2011 |

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| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| | into the frame. Based on observation with the Director of Maintenance on 06/22/11 at 1:45 p.m., the third floor fire door set leading into the apartment corridor did not catch into the frame. Based on an interview with the Director of Maintenance at the time of observation, these doors were confirmed to be fire doors.<br><br>3.1-19(b) | | | |
| K0046 SS=F | Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.<br>Based on observation and interview, the facility failed to ensure 10 of 10 emergency light fixtures of at least 1½ hour duration were tested monthly and annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not | K0046 | The 1 1/2 hour duration inspection will be added to our emergency light inspection sheet. We will do this once a year starting with this test in the month of July 2011. The month of May monthly test paperwork was found and had been completed for May. | 07/15/2011 |

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| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| | less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.<br><br>Findings include:<br><br>Based on an observations with the Director of Maintenance on 06/22/11 from 12:30 p.m. to 1:45 p.m., ten battery operated emergency lights were observed throughout the facility. Based on an interview with the Director of Maintenance at the time of observations, there were no written records of a monthly test for the month of May 2011 and no documentation of an annual test regarding the battery operated emergency lights was available for review.<br><br>3.1-19(b) | | | |

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|---|---|---|---|
| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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| K0064 SS=D | Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10<br>Based on observation and interview, the facility failed to ensure 1 of 1 K-Class portable fire extinguisher pressure gauge readings was in the acceptable range. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. NFPA 10, 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (c) Operating instructions on nameplate legible and facing outward, (d) Safety seals and tamper indicators not broken or missing, (e) Fullness determined by weighing or hefting, (f) Examination for obvious physical damage, corrosion, leakage or clogged nozzle and (g) Pressure gauge reading or indicator in operable range or position; shall be subjected to applicable | K0064 | We will replace this K class fire extinguisher with a correctly filled unit. This unit was just put into service with the June annual inspection and would have been caught with the July inspection. | 07/15/2011 |

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| | 155349 | A. BUILDING 01<br>B. WING | 06/22/2011 |

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| | maintenance procedures. This deficient practice was not in a resident care area but could affect any kitchen staff in the event of an emergency.<br><br>Findings include:<br><br>Based on an observation with the Director of Maintenance on 06/22/11 at 1:05 p.m., the gauge on the K-Class portable fire extinguisher in the kitchen indicated the extinguisher was overcharged. This was acknowledged by the Director of Maintenance at the time of observation.<br><br>3.1-19(b) | | | |
| K0000 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 06/22/11 | K0000 | | |

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|---|---|---|---|
| | 155349 | A. BUILDING 03<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| | Facility Number: 000240<br>Provider Number: 155349<br>AIM Number: 100274960<br><br>Surveyor: Amy Kelley, Life Safety Code Specialist<br><br>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The Rehabilitation unit and Therapy Gym were surveyed with Chapter 18 New Health Care Occupancies.<br><br>The nursing home is a fully sprinklered three story building with a basement of Type II (222) construction, the main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction. The facility has a fire alarm system with | | | |

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|---|---|---|---|
| | 155349 | A. BUILDING 03<br>B. WING | 06/22/2011 |

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|---|---|---|---|---|
| | smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 168 and had a census of 151 at the time of this survey.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |
| K0039 SS=E | Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4<br>Based on observation and interview, the facility failed to ensure the corridor width for 1 of 2 corridors in the Rehabilitation Hall was at least eight feet wide. This deficient practice affects all residents on the Rehabilitation Hall.<br><br>Findings include:<br><br>Based on an observation with the Director of Maintenance on 06/22/11 at 12:56 p.m., the corridor width measured six feet | K0039 | This aisle width deficiency will be addressed by an FSES to be conducted by RTM Consultants prior to the July 22nd completion requirement date. | 07/22/2011 |

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| | 155349 | A. BUILDING 03<br>B. WING | 06/22/2011 |

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|---|---|---|---|---|
| | from suite E to suite O in the Rehabilitation Hall. This was confirmed based on an interview with the Director of Maintenance at the time of the observation.<br><br>3.1-19(b) | | | |
| K0046 SS=F | Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1<br>Based on observation and interview, the facility failed to ensure 10 of 10 emergency light fixtures of at least 1½ hour duration were tested monthly and annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the | K0046 | The 1 1/2 hour duration inspection will be added to our emergency light inspection sheet. We will do this once a year starting with this test in the month of July 2011. The month of May monthly test paperwork was found and had been completed for May. | 07/15/2011 |

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|---|---|---|---|
| | 155349 | A. BUILDING 03<br>B. WING | 06/22/2011 |

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| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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| | authority having jurisdiction. This deficient practice could affect all occupants.<br><br>Findings include:<br><br>Based on an observations with the Director of Maintenance on 06/22/11 from 12:30 p.m. to 1:45 p.m., ten battery operated emergency lights were observed throughout the facility. Based on an interview with the Director of Maintenance at the time of observation, there were no written records of a monthly test for the month of May 2011 and no documentation of an annual test regarding the battery operated emergency lights was available for review.<br><br>3.1-19(b) | | | |
| K0033 SS=E | Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1<br>Based on observation and interview, the facility failed to maintain 2 of 2 exit stairways in | K0033 | This stairwell deficiency will be addressed by an FSES is to be conducted by RTM Consultants prior to the July 22nd completion requirement date. | 07/22/2011 |

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|---|---|---|---|
| | 155349 | A. BUILDING 04<br>B. WING | 06/22/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAINT ANNE HOME | 1900 RANDALLIA DRIVE<br>FORT WAYNE, IN46805 |

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|---|---|---|---|---|
| | accordance with LSC 7.7.1 and LSC 7.7.2. LSC 7.7.1 requires exits to discharge to the public way or an exterior exit discharge. LSC 7.7.2 allows no more than 50 percent of exits to discharge into an area on the level of exit discharge. This deficient practice could affect all residents, staff and visitors evacuated from the second and third floors in the event of an emergency.<br><br>Findings include:<br><br>Based on observations with the Director of Maintenance on 06/22/11 at 12:30 p.m., the southwest stair and northeast stair discharged onto the first floor and not directly to the exterior of the building. This was confirmed by the Director of Maintenance at the time of observation.<br><br>3.1-19(b) | | | |